Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED						
			A. BUILDING:	U1							
		HAL011192	B. WING		04/0	8/2016					
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE											
RICHMOND HILL REST HOME # 1 95 RICHMOND HILL ROAD ASHEVILLE, NC 28806											
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRODEFICIENCY)	D BE	(X5) COMPLETE DATE					
C 000	Initial Comments		C 000								
	Report of Biennial ( Harrell on 4-8-2016	Construction Survey by Dennis									
	licensed on 2-20-19 information, the fact 1978 NC State Buil Unrestrained Occup Standards and Reg Aged and Disabled	is 12 bed facility was first 289. Based on this ility was surveyed using the ding Code for Institutional pancies, the 1987 Minimum rulations for Homes for the and the applicable portions of or Adult Care Homes of Seven									
C 166	Housekeeping-Maii	ntained Free of Hazards	C 166								
	FURNISHINGS (a) Adult care home (5) be maintained i orderly manner, fre hazards;	06 HOUSEKEEPING AND									
	fan in a resident be missing exposing the	et as evidenced by: vation, there was an oscillating droom with the front cover ne blades. Exposed fan d to residents and staff.									
	was not maintained obstructions. Finding includes;	vation, an exterior exit path uncluttered and free of erear of the facility was nairs.									

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE (X6) DATE Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: <b>01</b>		(X3) DATE SURVEY COMPLETED							
		HAL011192	B. WING		04/0	8/2016						
NAME OF PROVIDE	R OR SUPPLIER	STREET ADI	DRESS, CITY, STATE, ZIP CODE									
RICHMOND HILL REST HOME # 1  95 RICHMOND HILL ROAD  ASHEVILLE, NC 28806												
	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETE DATE						
C 189 Conti	Continued From page 1											
C 189 Buildi	C 189 Building Equipment Maintained Safe, Operating											
SECT 10A N REQU (a) T mech care I opera (k) T faciliti which This I Based rated penet appro const begin areas Findir	TION .0300 - FICAC 13F .03 JIREMENTS he building ar anical, and pl nome shall be ting condition his Rule shall es with the ex shall not app  Rule is not me d on observat ceilings were rations that ar ved for use in ruction preser is in one space of the facility ag includes:	PHYSICAL PLANT 11 OTHER  Ind all fire safety, electrical, ambing equipment in an adult maintained in a safe and Indicate a safe and apply to new and existing acception of Paragraph (e) ally to existing facilities.  The tas evidenced by:  The one that is a safe and										

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